

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee Connection Strategy		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">05</table> / <table border="1" style="display:inline-table; margin:0 5px;">11</table> / <table border="1" style="display:inline-table; margin:0 5px;">2017</table>	
Mailing Address P.O. Box 2192		Amount <table border="1" style="display:inline-table; margin:0 5px;">9688.56</table>	
City Arlington	State VA	Zip Code 22202	Transaction ID : 001
Purpose of Expenditure Phone calls	Category/ Type	004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">05</table> / <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">2017</table>
Name of Federal Candidate Quist, Rob, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">2017054.02</table> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ► Special General	

Full Name of Payee McCarthy Hennings Whalen		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">05</table> / <table border="1" style="display:inline-table; margin:0 5px;">11</table> / <table border="1" style="display:inline-table; margin:0 5px;">2017</table>	
Mailing Address 1850 M Street NW Suite 235		Amount <table border="1" style="display:inline-table; margin:0 5px;">19882.84</table>	
City Washington	State DC	Zip Code 20036	Transaction ID : 002
Purpose of Expenditure Media production	Category/ Type	004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">05</table> / <table border="1" style="display:inline-table; margin:0 5px;">12</table> / <table border="1" style="display:inline-table; margin:0 5px;">2017</table>
Name of Federal Candidate Quist, Rob, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">2036936.86</table> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ► Special General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<table border="1" style="display:inline-table; margin:0 5px;">29571.40</table>
(b) SUBTOTAL of Unitemized Independent Expenditures	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures.....	<table border="1" style="display:inline-table; margin:0 5px;">29571.40</table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

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Signature